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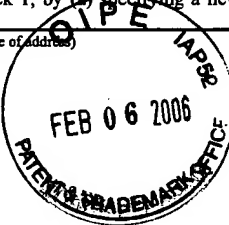
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24280 7590 11/03/2005

CHOATE, HALL & STEWART LLP
 TWO INTERNATIONAL PLACE
 BOSTON, MA 02110

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Jonathan N. Leach	(Depositor's name)
<i>Jonathan N. Leach</i>	(Signature)
February 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/809,456	03/15/2001	Henning Madry	0492611-0383	5208

TITLE OF INVENTION: TISSUE ENGINEERING ENHANCED BY THE TRANSFER OF A GROWTH FACTOR GENE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	02/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KATCHEVES, KONSTANTINA T	1636	435-180000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Choate, Hall & Stewart LLP

2 Valarie B. Rosen, Ph.D.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

1) Massachusetts Institute of Technology

Cambridge, Massachusetts

2) The General Hospital Corporation

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Valarie B. Rosen*Date February 3, 2006

Typed or printed name

Valarie B. Rosen, Ph.D.

Registration No.

45,698

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